

State of New Jersey

Department of the Treasury Division of Pensions and Benefits (609) 292-7524 TDD (609) 292-7718 www.state.nj.us/treasury/pensions Mailing Address:
PO Box 295
Trenton, NJ 08625-0295
Location:
50 West State Street
Trenton, New Jersey

JOHN E. McCormac, Cl State Treasurer

Frederick J. Beaver

Acting Director

JAMES E. MCGREEVEY

Governor

Date		

CHANGE OF ADDRESS FORM

This request will be rejected if your retirement/membership number and/or your Social Security number is not completed. Please print all required information. Return completed form to the mailing address located in the upper right hand corner.

Name:							
	(Please Print)						
Check whether you are:	Active	or	Retired				
Pension System:		Membership	or Retirement Number:				
Social Security Number:	_	_ _					
Former Mailing Address:							
	(Please Print)						
Date New Address in Effe	ct:						
New Mailing Address:							
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	P	Personal Signature of Member or Retirant					